24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
Women Vote!					
	C C00473918				
Check if X 24-hour report 48-hour report New report Amends report filed on					
Full Name of Payee	Date of Public Distribution/Dissemination				
Mission Control, Inc.	08 15 2016				
Mailing Address 624 Hebron Ave	Amount				
City State Zip Code	9442.56				
Glastonbury CT 06033-2470	Transaction ID : VN7A7A29R93 Date of Disbursement or Obligation				
Purpose of Expenditure Mailhouse Category/ Type 004	M M / D D / Y Y Y Y				
Name of Federal Candidate Support Office	Sought: X House District: 09				
Susannah Randolph Oppose	President Senate State:FL				
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	rrsement For:				
Full Name of Payee Mission Control, Inc.	Date of Public Distribution/Dissemination				
Mailing Address 624 Hebron Ave	08 15 2016 Amount				
City State Zip Code Glastonbury CT 06033-2470	4721.28 Transaction ID : VN7A7A29RA1				
	Date of Disbursement or Obligation				
Purpose of Expenditure Mailhouse Category/ Type 004	M = M / D = D / Y = Y = Y				
Name of Federal Candidate Support Office	Sought: X House District: 09				
Dena Grayson MD, PHD Oppose	President Senate State: FL				
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For: X Primary General Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expenditures	14163.84				
	7 7 7				
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7				
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Caroline Fines [Electronically Filed] Date	8 15 2016				
Signature					

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 2 OF 4 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼		
Women Vote!			C C00473918		
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on		
Full Name of Payee Mission Control, Inc.			Date of Public Distribution/Dissemination		
Mailing Address 624 Hebron Ave			08 15 2016 Amount		
City	State	Zip Code	4721.28		
Glastonbury	CT	06033-2470	Transaction ID : VN7A7A29RB9 Date of Disbursement or Obligation		
Purpose of Expenditure Mailhouse		Category/ Type 004	M = M / D = D / Y = Y = Y		
Name of Federal Candidate		Support	Office Sought: House District: 09		
Darren Soto		Oppose	President Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought	.,,	38699.24	Disbursement For:		
Full Name of Payee Catalist, LLC			Date of Public Distribution/Dissemination		
Mailing Address 1090 Vermont Ave NW			08 15 2016 Amount		
Ste 300			Allount		
City Washington	State DC	Zip Code 20005-4966	773.23 Transaction ID : VN7A7A29R77		
Purpose of Expenditure Mailhouse		Category/ Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought: House District: 26		
Annette Taddeo		Oppose	President Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought	7 7	17687.97	Disbursement For:		
(a) SUBTOTAL of Itemized Independent Expen	ditures		▶ 5494.51		
(b) SUBTOTAL of Unitemized Independent Exp	enditures		. •		
(c) TOTAL Independent Expenditures			•		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Caroline Fines Signature	[Electron	nically Filed] Date	9 08 15 Y 2016		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	IN EXILIE	TIONES		PAGE 3 OF 4 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼	
Women Vote!			Cc	00473918	
Check if 24-hour report 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y	
Full Name of Payee			Date of Public	Distribution/Dissemination	
Moxie Media			M M /	15 / 2016	
Mailing Address PO Box 30084			Amount		
City	State	Zip Code		16914.74	
Seattle	WA	98113-2084		: VN7A7A29R85 sement or Obligation	
Purpose of Expenditure Mailhouse		Category/ Type 004	M = M /	D D / Y Y Y Y	
Name of Federal Candidate		Support	Office Sought:	House District: 26	
Annette Taddeo		Oppose	President	Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought	-, -,	17687.97	Disbursement For: 2016 Other (spec	Y Primary General General	
Full Name of Payee The Pivot Group, Inc.			M = M /	Distribution/Dissemination	
Mailing Address 1720 I St NW			08 Amount	15 2016	
Ste 550			Amount		
City	State	Zip Code		8621.82	
Washington Purpose of Expenditure	DC	20006-3741	Transaction ID : Date of Disburs	sement or Obligation	
Mailhouse		Category/ Type 004	08	11 / 2016	
Name of Federal Candidate		X Support	Office Sought:	House District: 10	
Val Demings		Oppose	President	Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought		30015.22	Disbursement For: 2016 Other (spe	Yrimary General	
(a) SUBTOTAL of Itemized Independent Expendit	tures			25536.56	
(b) SUBTOTAL of Uniternized Independent Exper	nditures				
(b) Section 2 or contenting a mapping of Export	randi oo iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii				
(c) TOTAL Independent Expenditures			•	7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Caroline Fines Signature	[Electron	nically Filed] Date	08 / D D D 15	2016	
Olynatul e					

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 4 OF 4 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)	EC IDENTIFICATION NUMBER ▼				
Women Vote!	C00473918				
Check if X 24-hour report 48-hour report New report Amends report filed on	M / D = D / Y = Y = Y				
Full Name of Payee Date of F	Public Distribution/Dissemination				
The Pivot Group, Inc.					
Mailing Address 1720 I St NW					
Ste 550					
City State Zip Code	200.00				
Date of D	tion ID: VN7A7A29RD5 Disbursement or Obligation				
Purpose of Expenditure Mailhouse Category/ Type 004	M / D D / Y Y Y Y				
Name of Federal Candidate Support Office Sought:	House District: 10				
Val Demings Oppose President					
Calendar Year-To-Date Per Election for Office Sought Disbursement For 2016					
	er (specify)				
Date of Payee	Public Distribution/Dissemination				
Mailing Address Amount					
City State Zip Code	7				
Date of t	Disbursement or Obligation				
Purpose of Expenditure Category/ Type	M / D = D / Y = Y = Y				
Name of Federal Candidate Support Office Sought:	House District:				
Oppose President	Senate State:				
Calendar Year-To-Date Per Election for Office Sought Disbursement F					
Othe	er (specify) -				
(a) SUBTOTAL of Itemized Independent Expenditures	200.00				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures	45204.04				
	45394.91				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Caroline Fines [Electronically Filed] Date 08	15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Signature					